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VIA FACSIMILE: (703) 872-9306

PATENT  
DON08 P-1104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

Group : 2872  
Examiner : A. Amari  
Applicant : Brent J. Bos  
Serial No. : 10/614,454  
Filing Date : July 7, 2003  
For : WIDE ANGLE IMAGING SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Via Facsimile: (703) 872-9306

Dear Sir:

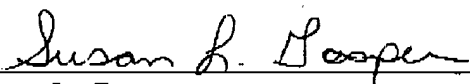
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (16 pages)

YOU SHOULD RECEIVE A TOTAL OF 19 PAGES.

Date: August 6, 2004

  
Susan L. Gasper  
Van Dyke, Gardner, Linn & Burkhart, LLP  
2851 Charlevoix Drive, S.E., Suite 207  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695  
(616) 975-5500

TAF/slg

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Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.  
The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1	Col. 2	Col. 3	Small Entity	Other Than Small Entity
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee
Total Claims * 50	Minus ** 52	= 0	x \$9	\$ .00
Independent Claims * 6	Minus *** 3	= 3	x \$43	\$ .00
First Presentation of Multiple Dependent Claims			\$145	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$	\$258.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- No additional Fee is required.
- A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ Please charge the fees noted above and any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: August 6, 2004

By Timothy A. Flory  
 Timothy A. Flory  
 Registration No. 42 540  
 2851 Charlevoix Drive, S.E., P.O. Box 888695  
 Grand Rapids, MI 49588-8695  
 (616) 975-5500

TAF/slr

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	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee	
Total Claims	* 50	Minus	** 52	= 0	x \$9	\$ .00	x \$18	\$ .00	
Independent Claims	* 6	Minus	*** 3	= 3	x \$43	\$ .00	x \$86	\$258.00	
First Presentation of Multiple Dependent Claims						\$145	\$ .00	x \$290	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$		\$258.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
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Dear Sir or Madam:

RESPONSE

Responsive to the Office Action mailed May 6, 2004, Applicant wishes to amend the application as follows:

**Amendments to the Specification** are page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 14 of this paper.